

**ARIZONA STATE BOARD OF NURSING (AZBN)**  
**APPLICATION INSTRUCTIONS FOR RN/LPN LICENSURE BY EXAMINATION**

Arizona is a Compact State. If your Primary State of Residency is in another Compact State (AZ, AR, DE, ID, IA, KY, MD, MS, NE, NH, NM, NC, ND, SC, SD, TN, TX, UT, VA, WI), you should not apply for licensure in AZ unless you are declaring AZ as your Primary State of Residency. (See [www.ncsbn.org](http://www.ncsbn.org) for a list of Compact States.)

**TWO APPLICATIONS TO COMPLETE**

1. Application for **RN / LPN Licensure by Examination**
  - Complete and mail to Arizona State Board of Nursing
2. **NCLEX Registration** – Please indicate on the application if you need a Candidate Bulletin or if you plan to download a Candidate Bulletin at [www.pearsonvue.com/NCLEX](http://www.pearsonvue.com/NCLEX).
  - Complete the **NCLEX Registration**, found in the **NCLEX Candidate Bulletin**, according to the instructions. Send form with a **Money Order made out to the National Council of State Boards of Nursing** **OR** register online by going to [www.pearsonvue](http://www.pearsonvue) **OR** by phone.

**NOTE:** Make sure your name and Social Security Number on both applications have exactly the same name and Social Security Number that you have on the 2 forms of identification you will show when you take NCLEX.

**FEES** – All fees submitted must be in US dollars and are not refundable.

- **NOTE: THERE ARE TWO SEPARATE FEES** – One for **NCLEX Registration** and the other for **AZBN Application Fee**.
- The AZBN application fee is \$220.00, plus the fingerprint fee of \$43.00 for a total of \$263.00. (If you paid the fingerprint fee to become a CNA, LPN or RN within the past 2 years, you do not need to submit fingerprints or fingerprint fee again.) The license will be valid for 4 years.
- Fees for the Board of Nursing may be paid by money order or check and made payable to the Arizona State Board of Nursing. All personal checks **must** be pre-printed with your name and address. **A \$50.00 fee will be charged for checks returned because of insufficient funds.**
- Personal checks drawn on banks out of the Continental US are not considered US Dollars and will not be accepted.

**ADDRESS** – The **home/primary state of residence** address must be completed. This address must reflect where you vote, pay federal taxes or obtain a drivers license. The **mailing** address is optional. A.R.S. § 32-3801 states that a professional's residential address and phone number maintained by a professional board are not available to the public unless that is the only address and number of record. If you give a mailing address, your renewal notice, Newsletter, etc., would be sent to your mailing address.

**OPTIONAL TEMPORARY LICENSE** Form available in application packet

- It is usually not necessary for an Exam applicant to request a temporary license. (**Exception:** When fingerprints are rejected and you have already passed NCLEX.) A completed fingerprint card is required prior to a temporary license being issued.
- Applicants are ineligible for a temporary license if they answer “yes” to any questions on the last page of the application. Issuance of a permanent license will also be delayed.
- If you apply and are eligible for a temporary license, allow **1 week** for processing. The temporary license will be mailed to the address on your application. A temporary license can be held at the Board office for you to pick up, if you submit a written request with your application. The temporary license expires in 6 months. If the results of your fingerprint check show a positive criminal history, an investigation may be initiated and your temporary license will not be extended until the investigation is complete. Investigations may take 6 months. An applicant under investigation is not prohibited from taking NCLEX.
- If you do receive a temporary license and have not received a permanent license at least 10 days before the temporary license is due to expire, call the Examination Office, Becky Melton, at 602-889-5190 to request an extension.

**FELONY CONVICTIONS** Pursuant to A.R.S. § 32-1606(B)(17), the Board shall revoke a nursing license or multistate privileges or deny licensure if the applicant has one or more felony convictions that have not previously been disclosed to the Board and has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application. If this law pertains to you, your application will not be processed, and proceedings for revocation of your Arizona license or multistate privileges in Arizona or denial of your application shall be instituted by the Board.

**REPORTING OF CRIMINAL CHARGES** Applicants for licensure/certification must notify the Board of criminal charges that may affect patient safety within 10 days of being charged. Further information is available at [www.azbn.gov](http://www.azbn.gov).

**FINGERPRINTING**

- Pursuant to A.R.S. § 32-1606(B)(15), each applicant for initial licensure is required to submit a full set of fingerprints with the completed application.
- If you download an application off the website ([www.azbn.gov](http://www.azbn.gov)) and submit the completed application to Arizona State Board of Nursing, a fingerprint card will be mailed to you to complete when we receive your application. The fingerprint card you receive from AZBN **must** be the card you use for fingerprints, since it has specific agency data pre-printed on it.
- A temporary license will **not** be issued until a completed application **AND** fingerprint results are received.
- Please check your local phone directory for information on fingerprinting agencies.
- It can take 2-3 weeks to receive fingerprint results from the FBI. You cannot receive permanent licensure until these results are received.

# REQUIREMENTS FOR LICENSURE BY EXAMINATION IN ARIZONA

## REQUIREMENTS FOR RN/LPN APPLICANTS EDUCATED IN THE USA OR TERRITORIES

1. Submit a complete application and fees.
2. RN applicants hold a Diploma, Associate Degree, or Baccalaureate Degree in Nursing from an approved program. LPN applicants hold a Diploma or Certificate from an approved program.
3. Have passing score on NCLEX exam.
4. Arizona Graduates only – Proof of completion of an approved nursing program.
5. Graduates of out-of-state schools – Transcripts, including graduation dates and type of degree, sent by your school to AZBN or information is available through NURSUS.
6. Fingerprint results from Arizona Department of Public Safety and the FBI.
7. Board approval for applicants who are under investigation.
8. Applicants educated in the Armed Forces: Military programs designed to prepare persons for positions as corpsmen or technicians are not approved programs for licensure in Arizona.

### **EXCELSIOR GRADUATES:**

Applicants who started or re-enrolled in the program after 9/1/06 shall provide evidence of successfully completing the Excelsior Clinical Nursing Course, as a condition of licensing in AZ.

### **\*APPLICANTS EDUCATED IN PUERTO RICO:**

Applicants who have graduated **before 9/16/06 AND** their nursing program has a program code assigned by the National Council State Board of Nurses, are eligible to apply for licensure by exam and endorsement. They are NOT required to complete validation of education or language requirement.

Applicants who have **graduated after 9/15/06** are required to request a report from CGFNS/IERF/or ERE (validating their educational requirements) be sent directly to AZBN and Validation of English Language Skills.

**NOTE:** Applicants who have not been licensed within two years of graduation will need to complete an Arizona Board approved refresher course after passing NCLEX.

## REQUIREMENTS FOR RN/LPN EXAMINATION APPLICANTS EDUCATED IN A FOREIGN COUNTRY (INCLUDING CANADA and \*PUERTO RICO)

**FOR A PROFESSIONAL OR PRACTICAL NURSE TO OBTAIN LICENSURE BY EXAMINATION YOU MUST MEET THE REQUIREMENTS LISTED FROM A → D.**

**NOTE: YOU WILL NOT BE ELIGIBLE TO TEST UNTIL ARIZONA STATE BOARD OF NURSING HAS RECEIVED DOCUMENTATION VALIDATING YOUR EDUCATIONAL REQUIREMENTS.**

It is to your advantage not to apply for licensure until you have completed the validation of education requirements process or received a copy of the evaluation report. Because these processes are lengthy, the timeframe for your application may expire before the information is received.

### **A. Validation of Educational Requirements**

- Request an application from Commission on Graduates of Foreign Nursing Schools (CGFNS) to obtain **one** of the following:
  1. The Health Care Professionals Course by Course Report
  2. The Full Education Course by Course Report
  3. VISA screen certificate
  4. CGFNS Certification (option not available for practical nurses)

If you have requested a CES report (i.e., option #1 or 2) you will be sent a copy of the report when a copy is sent to AZBN. CGFNS does **not** send a copy of the VISA screen or the CGFNS certification to you (i.e., option #3 or 4).

### **OR**

- Request an application from International Education Research Foundation (IERF) to complete an educational equivalency report. IERF will send you a copy of the report when a copy is sent to AZBN.

### **OR**

- Request (or download) an application from Educational Records Evaluation Services (ERES) to complete an Education Evaluation for Nursing Licensure. ERES will send you a copy of the report when a copy is sent to AZBN.

### **OR**

- Have the Canadian licensure board submit a passing score on the English language version of the CNATS or CRNE (Canadian Licensure Exam) **and** verification of Canadian licensure status directly to AZBN.

Commission on Graduates of  
Foreign Nursing Schools  
3600 Market Street, Suite 400  
Philadelphia, PA 19104-2651  
Phone: (215) 349-8767  
Website: [www.cgfns.org](http://www.cgfns.org)

International Education  
Research  
Foundation  
P.O. Box 3665  
Culver City, CA 90231  
Phone: 310-258-9451  
Fax: 310-342-7086  
E-mail: [information@ierf.org](mailto:information@ierf.org)  
Website: [www.ierf.org](http://www.ierf.org)

Educational Records Evaluation  
Services  
601 University Avenue, Suite 127  
Sacramento, CA 95825-6738  
Phone: 916-921-0791  
Toll-free: 866-411-ERES  
Fax: 916-921-0793  
Email: [edu@eres.com](mailto:edu@eres.com)  
Website: [www.eres.com](http://www.eres.com)

## B. Validation of English Language Skills

- If you have graduated from a nursing program in a country or territory where the principle language is English, i.e. Australia, United Kingdom, New Zealand, Canada (except Quebec), Ireland, Trinidad, Tobago, South Africa, Jamaica, Barbados, or United States/Territory, you do not need to validate your English language skills.
- If the principal language of the country where your nursing program was given is a language other than English, you are required to obtain one of the following options. All test results must be sent by the testing company directly to AZBN.
  1. Test of English as a Foreign Language (**TOEFL**) – minimum score of 207 on the computer based version **AND** Test of Spoken English (**TSE**) – minimum score of 50.

**OR**

Paper-based **TOEFL** – minimum score of 540 **AND** Test of Spoken English (**TSE**) – minimum score of 50.

**OR**

The Internet-Based (**iBT**) **TOEFL** – minimum score of 76.

To have results sent to Arizona State Board of Nursing, use the code 9680 when completing your application.

### **For TOEFL and TSE Testing Information Contact**

**Educational Testing Services**  
PO Box 6151  
Princeton, NJ 08541-6151 USA

Phone: 1-877-863-3546  
Fax: 1-609-771-7500  
Email: [TOEFL@ETS.org](mailto:TOEFL@ETS.org)  
Website: [www.toefl.org](http://www.toefl.org)

**OR**

2. International English Language Test Service Academic Examination (**IELTS**) – minimum score of 6.5 on the Overall Band Score and 7.0 on the Speaking Score.

### **For IELTS Testing Information Contact**

**IELTS, INTERNATIONAL**  
825 Colorado Boulevard, Suite 112  
Los Angeles, CA 90041

Phone: 1-323-255-2771  
Fax: 1-323-255-1261  
Email: [ielts@ieltsintl.org](mailto:ielts@ieltsintl.org)

**OR**

3. Test of English in International Communication (**TOEIC**) – minimum score of 725 **and** Test of Spoken English (**TSE**) – minimum score of 50.

### **For TOEIC Testing Information Contact**

**TOEIC Testing Program**  
Educational Testing Service  
Rosedale Road  
Princeton, NJ 08541

Phone: 1-609-771-7170  
Fax: 1-609-734-1560  
[www.TOEIC@ets.cin](http://www.TOEIC@ets.cin)

**OR**

4. VISA Screen Certificate from **CGFNS** (see prior information to contact CGFNS).

**OR**

5. A **CGFNS Certificate** **AND** a score of 50 on the Test of Spoken English (**TSE**).

**OR**

6. Evidence of being employed as a nurse for at least 960 hours within the past 5 years in a country or territory where the principal language is English, i.e. Australia, United Kingdom, New Zealand, Canada (except Quebec), Ireland, Trinidad, Tobago, South Africa, Jamaica, Barbados, or United States/Territories. (Copy of work record can be included with your application.)

**NOTE:** Validation of educational and language requirements must be received from the original source. Copies of certification, reports, and English Language Test results submitted by the applicant are not sufficient to validate completion of the requirements.

**C. Passed NCLEX-RN or PN or State Board Test Pool Examination (SBTPE).\*\***

**\*\*If you have passed the SBTPE in Canada, between certain dates you will have met the testing requirement.**

Province	First Administered	Last
Alberta	1954 (Sept.)	1970 (June)
British Columbia	1949 (Sept.)	1970 (April)
Manitoba	1955 (Oct.)	1970 (April)
New Foundland	1961	1970
Nova Scotia	1955 (May)	1970 (Aug.)
Prince Edward Island	1957	1970 (Aug)
Quebec	1959 (April)	1970 (Aug.)
Saskatchewan	1956 (April)	1970 (April)

**Nurses educated in a foreign country and have not passed NCLEX or SBTPE may apply for licensure by examination.**

**D. Submit a completed application packet** including appropriate fees (US dollars), fingerprint card (**only** use card enclosed in application packet).

To obtain an application for RN/LPN EXAMINATION  
go to our Website and download an application.

[www.azbn.gov](http://www.azbn.gov)

Arizona State Board of Nursing  
4747 N. 7<sup>th</sup> Street, Suite 200, Phoenix, AZ 85014-3653  
Phone: 602-889-5150 Fax: 602-889-5155  
E-mail: [Arizona@azbn.gov](mailto:Arizona@azbn.gov)

**TO FIND OUT THE STATUS OF YOUR APPLICATION**  
**(ALLOW 7-10 days after mailing application)**

**GO TO [www.azbn.gov/onlineverification.asp](http://www.azbn.gov/onlineverification.asp)**

- 1.** Enter either your Name or SS#
- 2.** Click “Verify”
- 3.** Select your highlighted name
- 4.** License status: Identifies what is still needed in order to issue your license (i.e. Pending – Fingerprint results)

## **TIME FRAMES FOR LICENSURE**

The Board is required to process applications for licensure within certain time periods, A.R.S. § 41-1073. For the purposes of these time frames, the following definitions are provided to assist you in understanding the time frames below:

- Administrative completeness time frame: The number of days from receipt of an application until the Board determines that the application is complete.
- Substantive review time frame: The number of days following the administrative completeness time frame during which the Board determines whether the applicant should be licensed.
- Deficiency notice:  
Time to respond: Correspondence from the Board notifying the applicant that the application is incomplete and that information is missing.  
**The table below specifies the number of days an applicant has to respond to a deficiency notice.**
- Comprehensive written request:  
Time to respond: A request by the Board to the applicant during the substantive review time frame for additional information or documentation.  
**The table below specifies the number of days an applicant has to respond to a comprehensive written request.**
- Overall time period: The total number of days from the Board's receipt of an application until the Board determines whether to grant licensure includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request.

## **LICENSING TIME FRAMES TABLE**

Type of Licensure	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
WITHOUT INVESTIGATION By Examination	R4-19-301	150 days	30 days	270 days	120 days	150 days
Temporary	R4-19-303	60 days	30 days	60 days	30 days	90 days
WITH INVESTIGATION By Examination	R4-19-301	270 days	30 days	180 days	240 days	150 days
Temporary	R4-19-303	90 days	30 days	60 days	60 days	90 days

**Please NOTE: When you submit an application, the Board will send you a deficiency notice identifying elements of the application process which remain outstanding. For assistance with the application process for licensure, contact Becky Melton at (602) 889-5190. If you fail to respond to a deficiency notice within the applicable time periods, your application will be withdrawn. If you are still interested in obtaining licensure, you must submit a new application and applicable fees.**

# CANDIDATE PROCESSING STEPS AND CHECKLIST

Your Graduation Date: \_\_\_\_\_

## **CANDIDATE**

## **STEPS**

1. Registration for NCLEX exam completed and mailed.

**1-2 months prior** to graduation.

2. Application sent to ARIZONA STATE BOARD OF NURSING

**NO SOONER than 2 months prior** to graduation

**If you submit your application sooner than 2 months prior to graduation, your time frame may expire before you pass NCLEX, and you would be required to submit a 2<sup>nd</sup> application and pay another fee.**

3. Nursing program submits “certificate of completion or transcripts” to BOARD office when degree is filed. We must have this to make you eligible to test.

Within 7 to 10 days after graduation

4. Applicant pays fee to Pearson Vue (testing company). After you have paid the fee, the Board has one year to submit your name as being “eligible to test.” After the Board submits your name, you have 90 days to test.

**NOTE:** The Board cannot make you eligible to test if you have not paid the fee to Pearson Vue.

5. Board makes candidate eligible to take NCLEX exam when Certificate of Completion or Transcripts are received and a completed application is on file.

Within 10 days of receiving

6. NCLEX/Pearson Vue mails authorization to test to candidate

Within 5-7 days after eligible  
(1-3 days if you give e-mail address)

7. Candidate receives authorization to test from NCLEX/Pearson Vue

Within 1 week (1-3 days if you give e-mail address)

8. Candidate calls test center for appointment

After ATT is received

9. Candidate takes exam

Within 90 days

10. Candidate will receive test results **by mail**

7-10 days **after** taking NCLEX

For “quick results” on NCLEX, call 1-900-776-2539.  
(Wait 48 hours after taking your test.)  
Call must be placed from a land line –  
A cell phone will not connect.

Please do not call Arizona State Board of Nursing to inquire unless it has been 21 days.

**Test results will not be given  
Over the phone**

11. Board-approved candidate receives license by mail from ARIZONA STATE BOARD OF NURSING and may start working as a nurse.

Approximately 7-10 days, if all requirements are met.

## RNs/LPNs SAVE YOURSELF TIME AND FRUSTRATION.

Check these areas **before** returning your application.

**ALL BLANKS MUST BE COMPLETED, EXCEPT THOSE MARKED OPTIONAL**

### GENERAL FOR ALL

- ☐ Your application is in black ink
- ☐ Home Address/Primary Residence – i.e., this is the address where you vote, or pay federal taxes, or obtain a driver's license
- ☐ You enclosed a check (pre-printed with your name and address) or money order for the **correct** fees made out to Arizona State Board of Nursing
- ☐ You answered ALL QUESTIONS, signed application and dated it
- ☐ **Initial Applicants** (i.e., exam, endorsement): A fingerprint card will be mailed to you after we receive your application
- ☐ **Read the instructions for more details on these reminders. Thank you!**

### EXAMINATION APPLICANTS

- ☐ \$263 – **Examination fee** – includes Fingerprint fee. If you have submitted fingerprints within the past 2 years, you do not need to resubmit another set of fingerprints.

### ENDORSEMENT APPLICANTS

- ☐ \$193 – **Endorsement fee** – includes Fingerprint fee (If requesting a Temporary license, **add** \$35 for license fee)
- ☐ **Endorsement Applicants:** If you are requesting temporary license, you enclosed a photocopy of current license which shows an expiration date.
- ☐ If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS with ID number.

### ADVANCED PRACTICE OR SCHOOL NURSE APPLICANTS

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li><input type="checkbox"/> \$135 – <b>Nurse Practitioner fee</b> for each specialty listed on the application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)</li><li><input type="checkbox"/> \$100 – <b>CRNA Prescribing fee</b> for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> \$125 – <b>Prescribing &amp; Dispensing Authority fee</b> for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)</li><li><input type="checkbox"/> \$35 – <b>School Nurse <u>initial</u></b> certification fee (Also need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> \$100 – <b>Clinical Nurse Specialist fee</b> for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)</li><li><input type="checkbox"/> \$25 – <b>School Nurse <u>renewal</u></b> certification fee</li><li><input type="checkbox"/> \$43 – Fingerprint fee</li></ul> |
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### ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SO. CAROLINA
AS	AM. SAMOA	IA	IOWA	NV	NEVADA	SD	SO. DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEWHAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NO. CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NO. DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
HI	HAWAII	MP	NO. MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
ID	IDAHO	MS	MISSISSIPPI	PR	PUERTO RICO		

REQUEST FOR TEMPORARY LICENSE/AP CERTIFICATE

THIS REQUEST MUST EITHER ACCOMPANY AN APPLICATION  
OR AN APPLICATION MUST ALREADY BE ON FILE.

Fee for Temporary License/Certificate is \$35  
Fee for a Temporary RN/LPN License within 48/hrs is \$50  
(For 48/hr RN/LPN temporary, application and **all supporting documents**  
**MUST be hand carried to Board Office – see Instructions page 1)**

Name \_\_\_\_\_  
LAST FIRST

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MO DAY YEAR

Address \_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_  
(Mandatory)

Soc. Sec Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Mandatory)

Are you applying for? ☐ RN or ☐ LPN ☐ Endorsement or ☐ Examination ☐ Refresher Course

**ADVANCED PRACTICE:** ☐ Nurse Practitioner ☐ Nurse Midwife ☐ Clinical Nurse Specialist

**You are eligible for a temporary license if you meet the following requirements for your application type.**

**ENDORSEMENT APPLICANTS**

- Have submitted an application, fingerprint card, and fees for licensure
- Do not have “yes” answers to questions on the last page of the application
- Have included a copy of a current license in good standing in another state
- Passed NCLEX or SBTPE
- No disciplinary action in Databank
- Must have practiced as a nurse for 960 hours or more in the past 5 years, or completed an Arizona Board approved refresher course within the past 5 years or obtained an advanced nursing degree in the past 5 years
- If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS/IERF/ERES with ID number
- Educated in the Armed Forces – transcripts required
- Excelsior Graduates – transcripts required

**EXAMINATION APPLICANTS**

- Have submitted an application, fingerprint card, and fees for licensure
- Do not have “yes” answers to questions on the last page of the application
- Have passed NCLEX
- Have negative fingerprint results from AZ Department of Public Safety

**APPLICANTS REQUIRING A REFRESHER COURSE**

- Have submitted application and fee for licensure
- Have enrollment in an Arizona Board approved refresher course
- Have passed NCLEX / SBTPE
- If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS/IERF/ERES with ID number (for endorsement applicants only)

**ADVANCED PRACTICE APPLICANTS (Includes Nurse Midwives)**

Temporary AP Certificate is available for:

1. **Endorsement** applicants who have met all of the requirements for Advanced Practice certification (listed on instructions) have been issued a temporary Arizona RN license and are waiting for permanent Arizona RN licensure.
2. **New graduate** AP applicants who have met all of the requirements for Advanced Practice certification (listed on instructions) and are awaiting national certification, must:
  - Submit evidence that they have applied for and are eligible to take or have taken an advanced practice certifying examination in their category or specialty area of practice. (e.g. request certifying agency to send verification directly to ASBN)
  - Provide written authorization to the certifying body to release the certifying examination results to the Board.
3. Have submitted an application, fingerprint card, and fees for certification.

**ADVANCED PRACTICE NEW GRADUATE APPLICANTS ONLY:**

I attest that I have submitted written authorization to the certifying body to release my examination results to Arizona State Board of Nursing.

\_\_\_\_\_  
Advanced Practice New Graduate Applicant

- **Fees are not refundable.**
- A \$50.00 fee will be charged for checks returned because of insufficient funds.
- **All** personal checks must be pre-printed with your name and address; starter checks will not be accepted.
- Out of country personal checks are not considered US Dollars and will not be accepted.
- If all requirements for a permanent license are met before a temporary license is issued, a permanent license will be issued.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Janet Napolitano**  
Governor



**Joey Ridenour**  
Executive Director

## *Arizona State Board of Nursing*

4747 N. 7<sup>th</sup> Street, Suite 200  
Phoenix, AZ 85014-3653  
Phone (602) 889-5150 Fax (602) 889-5155  
E-Mail: [arizona@azbn.gov](mailto:arizona@azbn.gov)  
Website: [www.azbn.gov](http://www.azbn.gov)

You will not be made eligible to take NCLEX until this form is  
received by the Board directly from your school.

### **CERTIFICATE OF COMPLETION** **FOR ARIZONA GRADUATES**

☐ RN

☐ LPN

I certify that: \_\_\_\_\_

Name of Graduate

\_\_\_\_\_  
Social Security Number

has completed final requirements of the nursing program curriculum:

\_\_\_\_\_  
Name of Nursing Program

\_\_\_\_\_  
Date of Program Completion (month & year)

\_\_\_\_\_  
Date Degree Posted (for RN program only) (month & year)

\_\_\_\_\_  
Dean/Director/Designee (Signature)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



**ARIZONA STATE BOARD OF NURSING**  
**REGISTERED NURSE/PRACTICAL NURSE**  
**LICENSURE BY EXAMINATION**

**SELECT THE LICENSE YOU ARE APPLYING FOR:**

- ☐ Registered Nurse License  
☐ Practical Nurse License

**NCLEX Registration:**

- ☐ I plan to download the Candidate Bulletin for NCLEX  
☐ Please send me a Candidate Bulletin for NCLEX

**NOTE:** \* Check the instructions for appropriate fee(s)  
\* Processing can take 1-2 months for permanent licensure

**PLEASE PRINT YOUR INFORMATION IN ALL CAPITAL LETTERS**

**1. APPLICANT'S NAME**

First Name	Middle Name
<input type="text"/>	<input type="text"/>
Last Name	
<input type="text"/>	
Former Last Name(s)	
<input type="text"/>	

**2. SOCIAL SECURITY NUMBER**

-  -

**BIRTH DATE (month/day/year)**

/  /

**SEX (optional)**

Male ☐ Female ☐

**BIRTH CITY**

**STATE**

**COUNTRY (ex. USA)**

**3. HOME ADDRESS/PRIMARY STATE OF RESIDENCE** (where you vote, pay federal taxes, obtain a drivers license)

Street Address Line 1		
<input type="text"/>		
Street Address Line 2	County of Residence	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**4. MAILING ADDRESS** (If different than Home Address)

Street Address Line 1		
<input type="text"/>		
Street Address Line 2		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**5. HOME PHONE**

(  )  -

**CELL PHONE**

(  )  -

**OFFICE USE ONLY**

License # \_\_\_\_\_

Issue Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

RNXXA









## DISCIPLINARY QUESTIONS

1. Are you currently under investigation or is a disciplinary action pending against your nursing license, CNA certificate or any other license or certification you hold in any state or territory of the United States?  
☐ No   ☐ Yes   If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.
  2. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program?  
☐ No   ☐ Yes
  3. Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion?  
☐ No   ☐ Yes   If yes, provide a **written explanation** including the state, dates, and reasons for participation and termination.
- Before answering the next question read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated or that your civil rights have been restored, does not mean that you answer this question “no;” you would have to answer “yes” and give details on each conviction.**
4. Have you ever been convicted, entered a plea of guilty, nolo contendere or no contest, or have you ever been sentenced, served time in jail or prison, or had prosecution deferred or sentence deferred or probation deferred in any felony or undesignated offense?  
☐ No   ☐ Yes   If yes, provide a written explanation of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction, indicating type of conviction, conviction date and sentence including the date of absolute discharge of the sentence for each felony conviction with your application.
- FINAL NOTE:** If you answer “yes” to this question, your application will not be processed until you provide proof that it has been more than 5 years since the date of absolute discharge for each felony conviction or provide proof that the conviction was designated a misdemeanor.

PLEASE BE ADVISED THAT FAILURE TO PROVIDE THE REQUESTED DOCUMENTS WILL DELAY THE  
PROCESSING OF YOUR APPLICATION

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## VERIFICATION BY OATH OR AFFIRMATION

The undersigned verifies that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing; that he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

---

Applicant's Signature

---

Date

PLEASE STAPLE ALL FOUR PAGES OF THE  
APPLICATION TOGETHER AND

MAIL TO:      **ARIZONA STATE BOARD OF NURSING**  
4747 N. 7<sup>TH</sup> STREET, SUITE 200  
PHOENIX, AZ 85014-3653  
(602) 889-5150      Fax (602) 889-5155  
Our Website: [www.azbn.gov](http://www.azbn.gov)



**Effective January 1, 2008, based on Federal and State Laws, all applicants must provide evidence of citizenship or nationality.**

Federal law, 8 U.S.C. § 1641, and a state law, A.R.S. § 1-501, require documentation of citizenship or nationality for licensure. If the documentation does not demonstrate that the applicant is a United States citizen, national, or a person described in specific categories, the applicant will not be eligible for licensure in Arizona.

If the Board has received your application after 1/1/08, and the application did not ask you a question about citizenship, you will be required to complete a form and submit documentation evidencing citizenship or nationality prior to receiving your license/certification.

**ARIZONA STATE BOARD OF NURSING  
ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS**

**Directions:** All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

**SECTION I – APPLICANT INFORMATION**

Applicant's Name (Print or type) \_\_\_\_\_ Date: \_\_\_\_\_

Type of Application (check one)    ☐ Initial Application    ☐ Renewal

Type of License/Certification:    ☐ RN    ☐ LPN    ☐ CNA    ☐ AP    ☐ CRNA    ☐ SN

**SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION**

Directions: Attach a legible copy of the front and back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality.

Name of document provided: \_\_\_\_\_

Are you a citizen or national of the United States? (Check one)    ☐ YES    ☐ NO

If the answer is "YES", where were you born? List city, state (or equivalent), and country/territory.

City: \_\_\_\_\_ State (or equivalent): \_\_\_\_\_ Country/Territory: \_\_\_\_\_

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

**SECTION III – ALIEN STATUS DECLARATION**

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front and back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501.

Name of document provided: \_\_\_\_\_

**"Qualified Alien" Status (8 U.S.C. § 1621 (a) (1), - 1641 (b) and (c))**

- ☐ A. An alien lawfully admitted for permanent residence under the Immigration & Nationality Act (INA).
- ☐ B. An alien who is granted asylum under Section 208 of the INA.
- ☐ C. A refugee admitted to the United States under section 207 of the INA.
- ☐ D. An alien paroled into the United States for at least one year under Section 212 (d) (5) of the INA.
- ☐ E. An alien whose deportation is being withheld under Section 243 (h) of the INA.
- ☐ F. An alien granted conditional entry under Section 203 (a) (7) of the INA as in effect prior to April 1, 1980.
- ☐ G. An alien who is a Cuban and Haitian entrant (as defined in section 501 (e) of the Refugee Education Assistance Act of 1980).
- ☐ H. An alien who is, or whose child or child's parent is a "battered alien" or an alien subjected to extreme cruelty in the U.S.

**Nonimmigrant Status (8 U.S.C. § 1621 (a) (2))**

- ☐ I. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 *et seq.*] Nonimmigrant is persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101 (a) (15).

**Alien Paroled into the United States for less than One Year (8 U.S.C. § 1621 (a) (3))**

- ☐ J. An alien paroled into the United states for less than one year under Section 212 (d) (5) of the INA

**Other Persons (8 U.S.C. § 1621 (c) (2) (A) and (C))**

- ☐ K. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ L. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ M. A foreign national not physically present in the United States.

**Otherwise Lawfully Present (A.R.S. § 1-501)**

- ☐ N. A person not described in categories 1-13 who is otherwise lawfully present in the United States.  
**PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make person who fall into this category ineligible for licensure. See 8 U.S.C. § 1621 9a).**

<b>SECTION IV - DECLARATION</b>
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**All applicants must complete this section.** I declare under penalty of perjury under the laws of the State of Arizona that the answers I have given are true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

**Attachment: Lists A and B Evidence of U.S. Citizenship, U.S. National Status, or Alien Status**

**REMINDER:  
DON'T FORGET TO  
ENCLOSE COPY  
OF DOCUMENTATION**

## **ARIZONA STATEMENT OF CITIZENSHIP & ALIEN STATUS**

All applicants must answer questions on the application regarding citizenship. A copy of a document that shows evidence of your citizenship or alien status **MUST BE** submitted with your application for licensure or renewal. See List A or List B.

### **LIST A**

**Evidence showing U.S. citizen or U.S. national status includes the following:**

**a. Primary Evidence:**

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-550 or N-570, Certificate of Naturalization (issued by the Service through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has changed);
- (6) Form N-561, Certificate of Citizenship;
- (7) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (8) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (9) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have a FS-240, FS-545, or DS-1350); or
- (10) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

**b. Secondary Evidence**

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status;

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parent(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917, American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Marian Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a state or jurisdiction approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

**c. Collective Naturalization**

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

**Puerto Rico:**

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or

- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

#### **U.S. Virgin Islands:**

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

#### **Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):**

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

#### **d. Derivative Citizenship**

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make determination of derivative U.S. citizenship:

**Applicant born abroad to two U.S. citizen parents:** Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

**Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent:** Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

**Applicant born out of wedlock abroad to a U.S. citizen mother:** Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

#### **Applicant born in the Canal Zone or the Republic of Panama:**

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

#### **e. Adoption of Foreign-Born Child by U.S. Citizen**

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

#### **f. U.S. Citizenship By Marriage**

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

## **LIST B**

### **Qualified Aliens, Nonimmigrant, and aliens paroled into U.S. for less than one year.**

#### **a. “Qualified Aliens”**

Evidence of “Qualified Alien” status includes the following:

##### ***Alien Lawfully admitted for Permanent Residence***

- \*Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
- Unexpired Temporary I-551 stamp in foreign passport or on \*I Form I-94.

##### ***Asylee***

- \*Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- \*Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (5)”;
- \*Form I-766 (Employment Authorization Document) annotated “A5”;
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

##### ***Refugee***

- \*Form I-94 annotated with stamp showing admission under § 207 of the INA;
- \*Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- \*Form I-766 (Employment Authorization Document) annotated “A5”;

##### ***Alien Paroled Into the U.S. for at Least One Year***

- \*Form I-94 with stamp showing admission for at least one year under section 212(d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.

##### ***Alien Whose Deportation or Removal was withheld***

- \*Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (10)”;
- \*Form I-766 (Employment Authorization Document) annotated “A10”; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

##### ***Alien Granted Conditional Entry***

- \*Form I-94 with stamp showing admission under §203 (a) (7) of the INA;
- \*Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- \*Form I-766 (Employment Authorization Document) annotated “A3”.

##### ***Cuban/Haitian Entrant***

- \*Form I-551 (Alien Registration Receipt Card, commonly known as a “green Card”) with the code CU6, CU7, or CH6.
- Unexpired temporary I-551 stamp in foreign passport or on \*Form I-94 with the Code CU6 or CU7; or
- \*Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212 (d) (5) of the INA.

##### ***Alien who has been Declared a Battered Alien or Alien Subjected to Extreme Cruelty***

- U.S. Citizenship and Immigration Service petition and supporting documentation

#### **b. Nonimmigrant**

Evidence of “Nonimmigrant” status includes the following:

- \*Form I-94 with stamp showing authorized admission as nonimmigrant

#### **c. Alien Paroled into U.S. for less than One year**

- \*Form I-94 with stamp showing admission for less than one year under section 212 (d) (5) of the INA